

XXXV

State of Wisconsin **BENCH PRESS & DEAD-LIFT** Competition

MARCH 26, 2011

at the

Kosciuszko Community Center
2201 S. 7th Street, Milwaukee

WEIGH-IN

9:00 AM

****This is the only weigh-in for both Bench Press and Dead-Lift**

MANDATORY LIFTERS' MEETING

10:00 AM

COMPETITION

10:30 AM

Spectator Fees:

Adults - \$2 Children - \$1

Registration Fees:

Bench Press - \$35

Dead-Lift Competition - \$35

Both Bench Press & Dead-Lift Competitions - \$55

Registration Fee includes a T-Shirt

AWARDS for 1st - 3rd Place

Medals for 4th - 10th Place

****BEST LIFTER RECOGNITION****

Lifting Singlet or tight apparel required for fair judging.

CALL (414) 645-4624 FOR MORE INFORMATION

ENTRY FORM

Return entry form with fee(s) to: KCC Advisory Board, 2201 S. 7th St., Milwaukee, WI 53215

Make check or money order out to: KCC Advisory Board

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____ Age: _____

CHECK ONE to let us know if you are doing the bench press, dead lift or both.

I am competing individually in the:

____ Bench Press (\$35) ____ Dead Lift (\$35) ____ Both Bench Press & Dead Lift (\$55)

T-Shirt Size _____ (T-shirt is included in your registration fee)

Please check **ONLY ONE CATEGORY** in which you are competing:

____ Females	____ Male Teens 19 & Under
____ Males 180 lbs. & under	Males 181 lbs. & over ____ Assisted ____ Raw
Masters (45-55) ____ Assisted ____ Raw	Masters (56-older) ____ Assisted ____ Raw

(The option of “Assisted vs. Raw” is only available in three of the six categories)

-RELEASE-

In consideration of your acceptance of this entry, I hereby waive, for myself, my heirs and assigns, any and all claims for injury or damages which I may incur by virtue of my competing in this contest as against Milwaukee County, Kosciuszko Community Center Advisory Board and any of their agents and employees. I also realize that the sport of Powerlifting is a high risk sport and that I could be injured. I certify that I am in good physical health and have no serious health problems and that I assume full responsibility for such conditions. I also realize that I am fully responsible for my well being and safety in the warm up area, on the lifting platform, and while I am lifting at this event. I also give Milwaukee County, Kosciuszko Community Center, Kosciuszko Community Center Advisory Board and all other parties involved with this meet permission to post my name and any photos taken at the event. I understand that my Entry Fees go to cover trophies and other meet related costs. I also certify, by my signature, that I have read this release and fully understand and accept its terms. I do hereby verify my acceptance of this release by my signature below. Do not sign this release before reading it fully and carefully. If you do not accept its terms, **DO NOT SIGN IT.**

Parent/Guardian Signature of Participant Date
(If under 18 years old)

Participant's Signature Date